

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10/533781</div>		FILING DATE	
<b>CLAIMS</b>									

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	1					
15						
16						
17						
18	1					
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21						
22		2				
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24		2				
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	26					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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